



In the United States Patent and Trademark Office

Serial Number: 09/693,890 *09/693,890*
Application Filed: October 20, 2000
Applicant: Kia Silverbrook, Jacqueline Anne Lapstun and Paul Lapstun.
Application Title: Method and System for Generating Printed Documents Describing Insurance Services
Examiner/GAU: Rachel L Porter 3626
Dated January 20, 2005
At: Balmain, NSW
Docket No. NPA064US

COMMUNICATION

Commissioner for Patents
Washington, District of Columbia 20231

Dear Sir:

We now enclose required fee, which was inadvertently omitted, for filing the information disclosure statement forwarded December 2004.

Very respectfully,

Applicant:

WWS

KIA SILVERBROOK

Mayr

JACQUELINE ANNE LAPSTUN

Page 1

PAUL LAPSTUN
Silverbrook Research Pty Ltd
393 Darling Street
Balmain NSW 2041, Australia

Email: kia.silverbrook@silverbrookresearch.com
Telephone: +612 9818 6633
Facsimile: +61 2 9555 7762

02/02/2005 SDENBOB1 00000076 09693890
01 FC:1806 180.00 DP

adjustment date: 02/08/2005 SDTANGLI
02/02/2005 SDENBDB1 000000076 09693890
01 FC:1806 -100.00 OP

00000002 09693690 1180.00 0P 02/08/2005 SLUAG1 00000002 09693690 1180.00 0P 01 FC:1086



09/693 690

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Tpw

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/693,690
		Filing Date	Oct 20, 2000
		First Named Inventor	Kia Silverbrook
		Art Unit	3626
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	NPA064US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Email: kia.silverbrook@silverbrookresearch.com Telephone: 61-2-9818-6633 Facsimile: 61-2-9818-6711		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kia Silverbrook, Jacqueline Anne Lapstun, Paul Lapstun	
Signature		
Date	January 20, 2005	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name		
Signature		Date

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PTO/SB/17 (10-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 180.00

Complete if Known

Application Number	09/693,890 09/693,690
Filing Date	Oct 20, 2000
First Named Inventor	Kia Silverbrook
Examiner Name	
Art Unit	3626
Attorney Docket No.	NPA064US

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number
Deposit Account Name

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 395	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 395	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			180.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims			
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 44	Independent claims in excess of 3	
1203 300	2203 150	Multiple dependent claim, if not paid	
1204 88	2204 44	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			0.00
**or number previously paid, if greater; For Reissues, see above			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$) 180.00			

(Complete if applicable)

Name (Print/Type)	KIA SILVERBROOK, JACQUELINE ANNE LATSTUN & PAUL LATSTUN	Registration No.		Telephone
Signature			Date	January 20, 2005

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